

**SOCIAL SERVICE
PROFESSIONAL LIABILITY
*Supplemental Application***

Applicant Name: _____

To properly rate the coverage, include anyone who provides professional social services. Note: report psychologists and psychiatrists separately.

Type	Total Number of Social Service Providers
Non-Degreed	
Degreed	
Psychologist	
Psychiatrist	

1. Has your license to operate or the license or certificate of anyone shown above ever been suspended or revoked? Yes No Any fines or citations for violations? Yes No
If yes, provide details, including any fines, citations or violations.

2. Have you ever been subject to a hearing regarding your services or operations or are you now under review? Yes No **If yes, provide details.**

3. Average number of cases handled by the organization per year _____.

4. Do you dispense drugs or other medications? Yes No

5. Do you have an employee or volunteer who prescribes medications to your clients? Yes No
If yes, this employee or volunteer should carry his or her own malpractice coverage.